



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

October 28, 2016

Ms. Cindy Jerome,
The Bradley House
65 Harris Avenue
Brattleboro, VT 05301-2948

Dear Ms. Jerome:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **October 3, 2016**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/03/2016
NAME OF PROVIDER OR SUPPLIER THE BRADLEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 65 HARRIS AVENUE BRATTLEBORO, VT 05301			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite investigation of a self-reported incident was completed by the Division of Licensing and Protection on 10/3/16. Based on information gathered, the facility was found in violation of one regulation for Residential Care Homes as follows.		R100		
R266 SS=D	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation, record review and staff interview, the facility failed to maintain a safe environment for 1 of 24 residents, (Resident #1). Findings include: 1. During the tour of the facility with the Site Manager on 10/3/16 at 11:00 AM, the surveyor observed on the third floor where Resident #1 resided, in a common bathroom, a can of insecticide spray on an open shelf. Additionally, in a nearby bathroom in an unlocked cabinet, there were a total of 7 disposable razors. On the first floor in a common area an open shelf contained another can of insecticide spray. In the basement common activity room, accessible by stairs and elevator by all residents, including Resident #1, the unlocked undersink cabinet was observed to contain a 21 ounce can of Ajax bleach cleansing powder, a bottle of calcium-rust-lime removal agent, and a spray can of insecticide. These		R266	See attached	

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5329

VOOM11

If continuation sheet 1 of 3

R266 - POC accepted 10/27/16 JH-smenRN/PMC

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0047	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 10/03/2016
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R266	Continued From page 1 unsecured potentially hazardous items were observed by the Site Manager and confirmed as present during the tour. 2. During medical record review and staff interviews on 10/3/16, it was discovered by the surveyor that Resident #1 had on 9/4/16 voiced suicidal ideation specific to jumping out of his/her third floor room windows, and was subsequently evaluated at hospital and returned stable to the home. There was no evidence to indicate that the facility made physical adjustments to prevent potential egress through the third floor windows following this incident. This was confirmed by the Registered Nurse (12:50 PM), the Head Aid (12:30 PM), and the Executive Director (2:45 PM). 3. On 9/29/16 Resident #1 alerted staff to his/her consumption of liquid paint thinner which was in his/her personal possession related to artwork. Resident #1 was transferred to hospital for treatment related to a suicide attempt. Medical records indicated that a diagnosis of major depression and a history of prior suicide attempt had been on record since admission 5/12/08. Records also indicated that medical evaluation and treatment had been ongoing since 8/25/16, related to increased symptoms of depression and the 9/4/16 incident of suicidal ideation. It was confirmed by the Registered Nurse (12:50 PM), the Head Aid (12:30 PM), and the Executive Director (2:45 PM) that no plan had been constructed or implemented regarding measures to make the physical environment safe from potential hazards (such as possession of liquid paint thinner in a private room), despite copious evidence of awareness and ongoing medical management of the mental status concerns for Resident #1.	R266			

Division of Licensing and Protection

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Bradley House Response to DDAIL Investigation Report of 10/3/16 Site Visit

R266/ IX. PHYSICAL PLANT/9.1 Environment/9.1a: The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment:

Finding #1: Unsecured hazardous items were in areas accessible to Resident #1.

On the day of the visit, all unsecured and potentially hazardous items found during the onsite investigation were removed and collected during the investigation and placed behind the locked door of the Site Director. These items include the insecticide sprays, razors in the Resident #1 shared bathroom, Ajax bleach cleaning powder, and calcium-rust-lime removal agent.

On 10/4/16 a walk-through of all bathrooms, private and public, was completed whereby any potentially hazardous items such as cleaning solutions found under the sinks were removed and placed in the locked area where housekeeping supplies are kept.

On 10/7/16 a note was placed in the communication book for all staff of all shifts to read providing a summary of the investigation, findings, and expectations of proper processes in the future.

10/11/16 Staff meeting: Staff were debriefed regarding the reporting of the incident, investigation, findings and expected plan of correction for completion.

Going forward, housekeepers are trained to look for unsecured potentially hazardous items.

Our new Suicide Prevention policy calls for a thorough search of the resident's room and bathroom for hazardous items.

Finding #2: There was no evidence to indicate that the facility made physical adjustments to prevent potential egress through the third-floor windows following this incident.

Bradley House is not equipped to care for suicidal residents. If immediate placement at the Brattleboro Retreat or Brattleboro Memorial Hospital is not possible, the following are options for a resident who expresses self-harm and cannot immediately be transferred:

- 1) Relocate the resident to the ground floor and place on 15-minute safety checks,
- 2) If there is no first-floor room available, then the resident will remain on 15 minute checks until an appropriate facility or room is available.

Resident #1 was immediately transferred to Brattleboro Memorial Hospital and from there to the Brattleboro Retreat to ensure his safety and appropriate treatment.

Finding #3: [Despite awareness of suicidal ideation,] no plan had been constructed or implemented regarding measures to make the physical environment safe from potential hazards (such as possession of liquid paint thinner in a private room):

The new suicide prevention policy and procedures (see attached) will ensure appropriate safety measures are taken. A mandatory in-service for all staff will be held by Dec. 31st, training in the new policy and procedures.

Suicidal Situations Policy

A resident stating the wish to die, do self-harm, or kill themselves requires immediate intervention.

1. Assess the seriousness of the situation. Decide which of the following is closest to the situation at hand.
 - a. Wish to be dead. The resident states a **passive wish** that life was over. "I wish I was dead." "I'd be better off dead." For some residents, this is a common statement and does not indicate a risk of self-harm.
 - b. Suicidal ideation. The resident expresses a **wish** to actively hurt or kill themselves. "I just want to end it all."
 - c. Suicide threat. The resident expresses the **intent** to kill themselves. "I'm going to kill myself."
 - d. Suicidal gesture. An **act** that could hurt but not kill the resident. Ex: taking extra pills or refusing food or drink.
 - e. Suicide attempt. An **act** that could kill the resident. Ex: cutting their wrists, throwing themselves down stairs, drinking a toxic substance.
2. For a Wish to be dead, have you heard the resident say this before? Consult with your co-workers if you're not sure. If the statement seems unusual, ask the resident if they have a plan to end their life. If they do not, document their statement, your question, and their answer. If they do have a plan, proceed to #3.
3. If they have a plan, or if they express Suicidal ideation, notify an Administrator or the on-call person promptly.
4. If you assess a Suicide threat or Suicidal gesture, notify an Administrator or the on-call person immediately.
5. If you assess a Suicide attempt, call 911. Administer first aid. Notify an Administrator or the on-call person as soon as possible.

Procedure for Administrator or On-call person:

1. Interview resident, completing Suicide Prevention Form. Determine level of risk.
2. If resident is an active suicide risk:
 - a. Institute the Suicide Precautions Checklist.
 - b. Notify and consult with the physician.
 - c. Notify and consult with family as appropriate.
 - d. Use other resources such as the Mental Health Emergency line
 - 800-622-4235
 - e. Consider transfer to another facility for appropriate treatment.
 - f. Call a case conference as soon as possible, including the family.
 - g. Create and carry out a care plan.

Suicide Prevention Form

Resident Name _____ Date _____ Time _____

Questions to ask of resident	Resident's reply	Your observations
You said/did (summarize reason for concern).		
1) How long have you felt this way?		
2) Do you have any idea as to why you feel this way?		
1) Have you ever thought about taking your own life?		
2) Is this the first time you've felt this way?		
3) When did it start?		
4) When else in your life have you felt this way? How long did it last? Do you know why it started?		
Do you have a plan?		
How would you hurt yourself?		
Does your plan include medication?		
Where or how would you get the medication?		
Does your plan include a gun, a knife, or a sharp object?		
Where would you get it?		
Do you believe that these feeling could pass if you were given help?		
What kind of help would you choose?		
What effect would it have on your family/friends if you took your own life?		
What religious beliefs do you have concerning suicide?		
Would you like to speak to a clergyperson?		
What do you think motivates you to stay alive?		
What do you hold as special, that you cherish, that gives you joy in being alive?		
What changes in your life would deter you from suicide?		

_____ Resident is not an active suicide risk.

_____ Resident is an ACTIVE suicide risk. Refer to policy for next steps.

Signature of Interviewer _____

Suicide Precautions Checklist

To be used until resident is transferred to an appropriate facility

Resident _____

Date _____

Precaution	Completed by	Time
Note on MAR to "Be sure all medications are ingested."		
Move to a room that is easily monitored by staff if possible and indicated.		
Review medications for potential side effects related to suicidal ideation.		
Check resident's room for hidden meds.		
Remove all medications, sharp instruments, rope, toxic substances, extra linens and plastic bags from resident's environment.		
Remove matches, cigarette lighters or other combustible materials from resident's room.		
Remove or shorten call bell cords and light cords.		
Remove detachable electrical cords such as with an electric razor.		
Disconnect water to bathtub in resident's room.		
Modify windows to prevent them from fully opening.		

Precaution by shift	Completed by	Time	Completed by	Time
Increase 1:1 contact; Check resident every 15 minutes.				
Observe for sudden changes in mood, especially elevated mood.				
Monitor for and prevent resident from self-isolation.				
Monitor for resident giving away personal possessions.				
Inform visitors of precautions. Check anything brought for resident.				
Recheck room for all banned items (see above)				

October 2016



Bradley House

A Residential Care Facility

OCT 23 2016

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Info@BradleyHouseVT.org www.BradleyHouseVT.org

October 25, 2016

Pamela Cota, RN

Licensing Chief

Division of Licensing and Protection

HC 2 South

280 State Dr.

Waterbury, VT 05671-2060

Dear Pam,

Please accept the attached as our Plan of Correction for the investigation of October 3rd. A hard copy is in the mail.

While the Statement of Deficiencies correctly notes that the investigation was the result of a self-reported incident, the cover letter calls it a complaint investigation. May I ask, which will be its heading when posted on line? Of course, we would prefer the former. Thank you.

And, as always, thank you for all you do for Vermont's elders.

Best regards,

Cindy Jerome

Executive Director

Bradley House and Holton Home

802.254.5524 ext. 6

www.BradleyHouseVT.org